## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |            |                                 |                                  |       |  |                                       |          | SMALL ENTITY TYPE ( |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|------------|---------------------------------|----------------------------------|-------|--|---------------------------------------|----------|---------------------|------------------------|-------|-------------------------------|------------------------|--|
| FOR   |  |            |                                 | R FILED                          |       | NUMBER                                     |                                       | ſ        | RATE                | FEE                    | I     | RATE                          | FEE                    |  |
| BASIC FEE   |  |            |                                 |                                  |       | 7. 4.1                                     |                                       |          |                     | 380.00                 | OR    | 3.2                           | 760.00                 |  |
| TOTAL CLAIMS  |  |            | 1                               | 8 minus 2                        | 20=   | * _  |                                       |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |            | 3 minus 3 = *                   |                                  |       | •  |                                       |          | X39=                |                        | OR    | X78=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |            |                                 |                                  |       |  |                                       | +130=    |                     | OR                     | +260= |                               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |            |                                 |                                  |       |  | L                                     | TOTAL    | 380,                | OR                     | TOTAL | •                             |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |            |                                 |                                  |       |  |                                       |          | SMALL               | ENTITY                 | OR    | OTHER<br>SMALL I              |                        |  |
| AMENDMENT A   |  | REM/       | AIMS<br>AINING<br>TER<br>IDMENT |                                  | PR    | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| MON   | Total  | *          |                                 | Minus                            | ŔŔ    |  | =                                     |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| AME   | Independent                                    | *          |                                 | Minus                            | ***   |  | =                                     |          | X39=                |                        | OR    | X78=                          |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                 |                                  |       |  |                                       | ן י      | +130=               |                        | OR    | +260=                         |                        |  |
| BEST AVAILABLE COPY   |  |            |                                 |                                  |       |  |                                       | L .      | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |            |                                 |                                  |       |  |                                       |          |                     |                        |       |                               |                        |  |
| AMENDMENT B   |  | REM.<br>AF | AIMS<br>AINING<br>TER<br>IDMENT |                                  | PF    | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *          |                                 | Minus                            | **    |  | =                                     |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
|   | Independent                                    | *          | N OF M                          | Minus                            | ***   |  | =                                     |          | X39=                |                        | OR    | X78=                          |                        |  |
| $\vdash$  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                 |                                  |       |  |                                       |          | +130=               |                        | OR    | +260=                         |                        |  |
|   |  |            |                                 |                                  |       |  |                                       |          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
|   |  | umn 1)     |                                 |                                  |       |  |                                       |          |                     |                        |       |                               |                        |  |
| AMENDMENT C   |  | REM.<br>AF | AIMS<br>AINING<br>TER<br>IDMENT |                                  | PF    | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *          |                                 | Minus                            | ##    |  | =                                     |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| ME  | Independent                                    | *          |                                 | Minus                            | ***   | <b>\</b>                                   | ]=                                    | <b> </b> | X39=                |                        | OR    | X78=                          |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                 |                                  |       |  |                                       | ┚┠       |                     |                        |       | .000                          |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |            |                                 |                                  |       |  |                                       |          |                     |                        | OR    | +260=<br>TOTAL                |                        |  |
| **  | If the "Highest Nu                             | mber Pre   | eviously Pa<br>eviously Pa      | aid For IN THI<br>aid For IN THI | S SPA | ACE is less the<br>ACE is less the         | an 20, enter "20.<br>an 3, enter "3." | •        | DDIT. FEE           | oronrieto ho           |       | ADDIT. FEE                    | L                      |  |